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**** CONTINUING DATA *******
 This application is a CIP of 10/274,856 10/21/2002 PAT 7,063,725 *ds*

**** FOREIGN APPLICATIONS *******
None ds

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 04/03/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TN	SHEETS DRAWING 20	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged *[Signature]*
 Examiner's Signature Initials

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TITLE
 Systems and techniques for restoring and maintaining intervertebral anatomy

FILING FEE RECEIVED 1274	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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